

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155219		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/06/2011	
NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB-SOUTH BEND				STREET ADDRESS, CITY, STATE, ZIP CODE 52654 NORTH IRONWOOD ROAD SOUTH BEND, IN46635			
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F0000	<p>This visit was for Investigation of Complaint IN00095949, Complaint IN00095249, and Complaint IN00094826.</p> <p>Complaint IN00095949 -Substantiated, Federal/State deficiencies related to the allegations are cited at F-241 and F-312.</p> <p>Complaint IN00095249-Substantiated, No deficiencies related to the allegations are cited.</p> <p>Complaint IN00094826-Substantiated, Federal/State deficiencies related to the allegations are cited at F-241 and F-312.</p> <p>Survey dates: September 01, 02 and 06, 2011</p> <p>Facility number: 000124 Provider number: 155219 AIM number: 100266730</p> <p>Survey team: Antoinette Krakowski, RN</p> <p>Census bed type: SNF/NF: 110 Total: 110</p> <p>Census payor type: Medicare: 21</p>			F0000	<p><i>The facility requests that this plan of correction be considered its credible allegations of compliance. Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited and is also not to be construed as an admission of interest against the facility, the Administrator, or any employee, agents, or other individuals who draft or may be discussed in the response and Plan of Correction. In addition, preparation and submission of the Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the corrections of a conclusions set forth in this allegation by the survey agency. Accordingly, the facility has prepared and submitted this Plan of Correction prior to the resolution of appeal of this matter solely because of the requirements under State and Federal law that mandates submission of the Plan of Corrections a condition to participate in the Title 18 and Title 19 programs. The submission of Plan of Correction within this timeframe should in no way be of non-compliance or admission by the facility. Kindred Transitional Care and Rehabilitation-South</i></p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0241 SS=E	Medicaid: 67 Other: 22 Total: 110 Sample: 9 Supplemental Sample: 3 These deficiencies also reflect State findings cited in accordance with 410 IAC 16.2. Quality review completed on September 12, 2011 by Bev Faulkner, RN				Bend respectfully requests a desk review for the cited deficiencies.		
	The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. Based on interview and record review, the facility failed to ensure the dignity of residents was honored related to the prompt answering of call light and timely provision of toileting care and medication administration to meet their needs. This deficient practice affected 3 of 3 residents (#B, #D, #L) in the sample of 9 and 2 of 3 residents (#M, #N) in the supplemental sample of 3 reviewed for dignity issues.			F0241	F 241 Dignity <i>It is the practice of this facility to ensure the highest quality of care is afforded our residents. Consistent with this practice, the following has been done:</i> 1. Per Surveyor report, the cited residents' needs had been met by the time of interview. 2. All residents requiring assistance have the potential to be affected. All interviewable residents will be interviewed R/T timeliness of staff in meeting his/her needs. The grievance process will be		10/06/2011

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	<p>Findings include:</p> <p>1. Resident #B's clinical record was reviewed on 9/06/11 at 4:30 P.M., and indicated diagnoses of, but not limited to, depression, Stage 5 renal failure, and obesity. Resident #B was identified as alert and oriented and interviewable by RN #2 while on initial tour of the unit on 9/01/11 at 11:45 A.M.</p> <p>During interview with Resident #B on 9/01/11 at 6:15 P.M., she indicated she puts her call light on and almost always has to wait a half hour or longer. "I've had to use my cell phone and call the nurse's station to get help. I need two people to put me on the bedpan, but there isn't anyone to help and one person can't do it. They moved me over here because I was supposed to get better care, but I've never been treated so poorly."</p> <p>Resident #B was interviewed a second time on 9/06/11 at 4:25 P.M., and indicated she had soiled her bed because staff did not respond to her call light. "I had diarrhea and no one came to answer my light and I had an accident in my bed. Today, I put my call light on at 9:00 A.M., and no one came until 10:00 A.M. Two office staff saw me crying and went and got help for me. When I cry out for help they get upset with me, but when they</p>				<p>followed for concerns raised. 3. Nursing staff will be inserviced on customer service, specifically on response to call lights. Staff Angels will interview appropriate residents weekly R/T timeliness of staff in meeting his/her needs weekly X 3 months then quarterly thereafter. The grievance process will be followed for concerns raised. 4. Department heads will audit call light response 5x/wk covering all 3 shifts X 3 months then quarterly with results forwarded to the Performance Improvement Committee for tracking and trending monthly X 3 months then quarterly thereafter.</p>		

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	<p>don't answer your call light, what are you supposed to do?"</p> <p>A "Comprehensive Care Plan Report," dated 5/18/11, indicated, "Problem: (Resident #B) needs bed pan to remain continent of bowel and bladder...Goal: Resident will remain continent of B/B (bowel and bladder) with use of bed pan...Approach: Assist resident on the bed pan as she requests. Allow resident time to use the bed pan. return when she puts on her call light...."</p> <p>A "Comprehensive Care Plan Report," dated 9/18/10 and updated 8/18/11, indicated, "Approach: (Resident #B) has a hx (history) of calling other units with toileting issues. Also calls out for nurse repetively (sic) opposed to using the call light...Goal: resident will have decreased episodes with calling other units for toileting issues...resident will have decreased episodes of calling out for the nurse, will use call light appropriately...Approach: Staff will address resident's toileting issues promptly by answering call light q (every) shift in an appropriate manner...."</p> <p>2. Resident #D's clinical record was reviewed on 9/06/11 at 5:15 P.M., and indicated diagnoses of, but not limited to, acute renal injury, history of UTI (urinary</p>						

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	<p>tract infection), and morbid obesity. Resident #D was identified as alert and oriented and interviewable by RN #2 while on initial tour of the unit on 9/01/11 at 11:45 A.M.</p> <p>During an interview with Resident #D on 9/06/11 at 4:00 P.M., she indicated it has taken over one hour to get assistance. "I put my call light on and no one came. I'm embarrassed to say it, but I pooped my bed. Yesterday when I had my accident, it was over a half hour wait. I have an open wound and I worry about stool getting into it."</p> <p>Resident #D's "Comprehensive Care Plan," dated 8/20/11, indicated, "Problem: (Resident #D) is at risk for UTI (urinary tract infection) R/T (related to) hx (history) of UTI's...Approach: ...offer to toilet, peri care for incontinent episodes...."</p> <p>3. Resident #L's clinical record was reviewed on 9/06/11 at 3:25 P.M., and indicated diagnoses of, but not limited to, renal cell carcinoma, depression, and fractured right ankle. Resident #L was identified as alert and oriented and interviewable by RN#2 while on initial tour of the unit on 9/01/11 at 11:45 A.M.</p> <p>During an interview with Resident #L on</p>						

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	<p>9/06/11 at 3:15 P.M., she indicated her call light is not always answered promptly. She went on to explain she had her call light on for one and a half hours earlier in that morning to request a pain pill prior to having physical therapy. "My light was on for one hour before anyone came and then I waited another half an hour to actually get the medication." She denied having discomfort as a result of the delay.</p> <p>Review of Physician's Orders indicated Resident #L received Duragesic (a narcotic pain medication patch worn topically) 50 mcg. (micrograms) every 72 hours and Norco (oral narcotic pain medication) 10/325 mg. (milligrams) PO (orally) QID (four times a day) PRN (as needed).</p> <p>4. Resident #M was identified as alert and oriented and interviewable by RN #2 while on initial tour of the unit on 9/01/11 at 11:45 A.M.</p> <p>During an interview with Resident #M on 9/06/11 at 3:45 P.M., he indicated he had to move his bowels (exact date not remembered), but by the time someone responded to his call light, he had soiled himself. "I need two people to assist me. If I could do it myself, I would. I know they are busy and have others to take care</p>						

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	<p>of."</p> <p>5. Resident #N was identified as alert and oriented and interviewable by RN #2 while on initial tour of the unit on 9/01/11 at 11:45 A.M.</p> <p>During an interview with Resident #N on 9/06/11 at 4:15 P.M., she indicated she had to wait 45 minutes earlier that morning for her call light to be answered. "I can toilet myself; I just needed some ice water. I try to do as much for myself as I can."</p> <p>LPN #4 was interviewed on 9/06/11 at 3:10 P.M., and indicated she generally has 15-20 residents to provide care for. "It doesn't happen very often, but a nurse called off today so we are short-handed. "I've had to pick up an extra 10 residents today."</p> <p>Social Service Staff #3 was interviewed on 9/06/11 at 4:55 P.M., and indicated he had gotten a lot of complaints regarding the call lights. "We have several residents in isolation and we do have numerous, heavy care residents that require two people assist."</p> <p>This Federal tag relates to complaint IN00094826 and IN00095949.</p>						

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F0312 SS=E	<p>3.1-3(t)</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Based on interview and record review, the facility failed to provide for the toileting needs for 3 of 9 residents (#B, #D, #K) in the sample of 9 and 2 of 3 residents (#M, #O) in the supplemental sample of 3 residents reviewed who were dependent on staff for care and assistance.</p> <p>Findings include:</p> <p>1. Resident #B's clinical record was reviewed on 9/06/11 at 4:30 P.M., and indicated diagnoses of, but not limited to, depression, Stage 5 renal failure, and obesity. Resident #B was identified as alert and oriented and interviewable by RN #2 while on initial tour of the unit on 9/01/11 at 11:45 A.M.</p> <p>During interview with Resident #B on 9/01/11 at 6:15 P.M., she indicated she puts her call light on and almost always has to wait a half hour or longer. "I've had</p>		F0312	<p>F 312 ADL Assistance <i>It is the practice of this facility to ensure the highest quality of care is afforded our residents. Consistent with this practice, the following has been done:</i> 1. Per Surveyor report, the cited residents' needs had been met by the time of interview. 2. All residents requiring assistance have the potential to be affected. All interviewable residents will be interviewed R/T timeliness of staff in meeting his/her needs. The grievance process will be followed for concerns raised. 3. Nursing staff will be inserviced on customer service, specifically on response to call lights. Staff Angels will interview appropriate residents weekly R/T timeliness of staff in meeting his/her needs weekly X 3 months then quarterly thereafter. The grievance process will be followed for concerns raised. 4. Department heads will audit call light response 5x/wk covering all 3 shifts X 3 months</p>		10/06/2011	

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	<p>to use my cell phone and call the nurse's station to get help. I need two people to put me on the bedpan, but there isn't anyone to help and one person can't do it. They moved me over here because I was supposed to get better care, but I've never been treated so poorly."</p> <p>Resident #B was interviewed a second time on 9/06/11 at 4:25 P.M., and indicated she was totally dependent on staff for toileting and had soiled her bed because staff did not respond to her call light. "I had diarrhea on Sunday (9/04/11) and no one came to answer my light and I had an accident in my bed. Today, I put my call light on at 9:00 A.M. and no one came until 10:00 A.M. Two office staff saw me crying and went and got help for me. When I cry out for help they get upset with me, but when they don't answer your call light, what are you supposed to do?"</p> <p>A "Comprehensive Care Plan Report," dated 5/18/11, indicated, "Problem: (Resident #B) needs bed pan to remain continent of bowel and bladder...Goal: Resident will remain continent of B/B (bowel and bladder) with use of bed pan...Approach: Assist resident on the bed pan as she requests. Allow resident time to use the bed pan. Return when she puts on her call light...."</p>				<p>then quarterly with results forwarded to the Performance Improvement Committee for tracking and trending monthly X 3 months then quarterly thereafter.</p>		

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	<p>A "Comprehensive Care Plan Report," dated 9/18/10 and updated 8/18/11, indicated, "Approach: (resident #B) has a hx (history) of calling other units with toileting issues. Also calls out for nurse repetively [sic] opposed to using the call light...Goal: resident will have decreased episodes with calling other units for toileting issues...resident will have decreased episodes of calling out for the nurse, will use call light appropriately...Approach: Staff will address resident's toileting issues promptly by answering call light q (every) shift in an appropriate manner...."</p> <p>2. Resident #D's clinical record was reviewed on 9/06/11 at 5:15 P.M., and indicated diagnoses of, but not limited to, acute renal injury, Stage IV decubitus ulcer, history of UTI (urinary tract infection), and morbid obesity. Resident #D was identified as alert and oriented and interviewable by RN #2 while on initial tour of the unit on 9/01/11 at 11:45 A.M.</p> <p>During an interview with Resident #D on 9/06/11 at 4:00 P.M., she indicated it has taken over one hour to get assistance. "I put my call light on and no one came. I'm embarrassed to say it, but I pooped my bed. Yesterday when I had my accident, it was over a half hour wait. I have an open</p>						

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	<p>wound and I worry about stool getting into it."</p> <p>Resident #D's "Comprehensive Care Plan," dated 8/20/11, indicated, "Problem: (Resident #D) is at risk for UTI (urinary tract infection) R/T (related to) hx (history) of UTI's...Approach: ...offer to toilet, peri care for incontinent episodes...."</p> <p>Review of Resident #D's initial MDS (Minimum Data Set) Assessment, dated 9/02/11, indicated she was continent of bowel and needed staff assistance for physical transfer with a mechanical lift.</p> <p>3. Resident #K's clinical record was reviewed on 9/06/11 at 5:45 P.M. and indicated diagnoses of, but not limited to, hypertension, coronary artery disease, and cerebrovascular disease.</p> <p>During an interview with Resident K's spouse on 9/06/11 at 3:00 P.M., she indicated she had been so upset over the poor response for assistance that she documented some of her concerns and provided a copy of her notes. Some of her notations included: "7/17/11 at 7:30 A.M.-lite [sic] on, 7:55 A.M. (staff) arrive. say O.K. and leave, 8:30 A.M.- lite on (still waiting), return 8:40 A.M.</p>						

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	<p>7/18/11-Lite [sic] on @ 6:15 P.M., 6:30 P.M.- again, 'O.K.' (and leave), arrive 7:00 P.M.; 3:30 P.M.-asked to be put back in bed. 4:10 P.M.-aides keep sticking their heads in saying they are coming. Why would it always take an hr (hour) to get help! 7/19/11 at 11:15 A.M.-(Resident #K) returns from therapy. They (therapy staff) say he needs to go to the bathroom. They will tell 'them' (CNA's). 11:42 A.M. -As usual, she (CNA) will get someone. 11:50 A.M.-(CNA) turned lite out-said she would get someone. 11:55 A.M.-Put in bed, not cleaned. 12:20 P.M.-needed clean up-(CNA Name) came 12:30 P.M." Resident #K's spouse further indicated, "We have good insurance. I don't understand why our insurance company chose this facility for my husband. They do have a good therapy department. I have no complaints about the therapy he gets."</p> <p>A "Comprehensive Care Plan Report," dated 7/14/11, indicated, "Problem: resident requires assist with ADL's (activities of daily living) R/T weakness and poor mobility...Approach: If unable to complete ADL's properly-staff to see all ADL's are met daily...."</p> <p>Review of Resident #K's initial MDS (Minimum Data Set) Assessment, dated 7/18/11, indicated he was incontinent of bowel and bladder and totally dependent</p>						

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>on staff for toileting.</p> <p>4. During an interview with Resident #O's family member on 9/02/11 at 10:00 A.M., she indicated her mother needed two staff to transfer her and sometimes she had to wait, "Which hasn't always worked out for her. When they finally get her on the commode, she has to wait a long time for someone to come back."</p> <p>Resident #O was identified as alert and oriented and interviewable by RN #2 while on initial tour of the unit on 9/01/11 at 11:45 A.M.</p> <p>5. Resident #M was identified as alert and oriented and interviewable by RN #2 while on initial tour of the unit on 9/01/11 at 11:45 A.M.</p> <p>During an interview with Resident #M on 9/06/11 at 3:45 P.M., he indicated he had to move his bowels (exact date not remembered), but by the time someone responded to his call light, he had soiled himself. "I need two people to assist me. If I could do it myself, I would. I know they are busy and have others to take care of."</p> <p>LPN #4 was interviewed on 9/06/11 at 3:10 P.M., and indicated she generally has 15-20 residents to provide care for. "It</p>						

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	<p>doesn't happen very often, but a nurse called off today so we are short-handed. "I've had to pick up an extra 10 residents today."</p> <p>Social Service Staff #3 was interviewed on 9/06/11 at 4:55 P.M., and indicated he had gotten a lot of complaints regarding the call lights. "We have several (5) residents in isolation and we do have numerous, heavy care residents on the 200 unit that require two people assist."</p> <p>During an interview with the Administrator and Nursing Supervisor #5 on 9/06/11 at 7:00 P.M., they indicated each unit usually has three nurses and a minimum of five CNA's on the day shift. Review of the Nursing Schedule for the month of August indicated there were three nurses and five to six CNA's for the day shift, two nurses and five to six CNA's for the evening shift, and two nurses and three to four CNA's on the night shift.</p> <p>Review of a facility roster indicated 64 residents resided on the 100 unit and 46 residents resided on the 200 unit. All of the above mentioned residents resided on the 200 unit of the facility.</p> <p>This Federal tag relates to complaint IN00094826 and IN00095949.</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/30/2011

FORM APPROVED

OMB NO. 0938-0391

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	3.1-38(a)(3)						